MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/104 702	12-03-01
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9		1				
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50						
TOTAL IND.			5			
TOTAL DEP.			12			
TOTAL CLAIMS			17			

			IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
54								
55			1					
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